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То:	Division of Cor Fax Number	rporations : (850)617-6383		2022 DEC 15 SECRETARY
From:	Account Number Phone	: REGISTERED AGENTS INC : I20090000081 : (307)200-2803 : (855)330-1010	Ξ.	EC 15 PH 1:44
ann		is for this business ent ings. Enter only one em		ioi iarate.
2122 DE 15		EGISTERED AGENT (RIDA WINTERS MED		
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BRUMBIEL	Estimated Cha	urdo	\$25.00	1

S. BRUMBLEY

UEU 1 6 2022

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

L. Na	ame of the limited liability company: Florida V	Vinters M	1edia LLC		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company.		
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE ROX)		
	12/08/2015	 L15	5000204845		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a)	LEGALINC CORPORATE SERVICES	SINC.			
3. (a)	Registered Agent and Registered Office shown on the records of		of State:		
	476 RIVERSIDE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)			
	JACKSONVILLE , FI	32202	2022 SECO TA		
(b)	Registered Agents Inc		PILE 2022 DEC 15 PM SECKETARY OF TALLAHASSE		
•	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	<i>ూ</i> *		
	7901 4th St N		ILED IS PM I: 44 HASSEE, FL		
	NEW Registered Office Address		T. AIE		
	STE 300		ALIENAN NAMED IN THE STATE OF T		
	St. Petersburg	33702			
the cha agent v was/we	imited liability company is not organized under the lacenge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	f the registered ability company of the limited lia limited liability	office and the business office of the registere y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
<u> </u>	Ritury tack	Riley Pa			
•	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	r performance o	of my duties, and I am familiar with and accer		
ec 1	·	nt Secretary			
Signatu	re of Registered Agent				